**Letter of Recommendation - MASHLM Application**

**Candidate**

|  |  |
| --- | --- |
| First Name |  |
| Last Name |  |

**Referee**

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| --- | --- |
| First Name |  |
| Last Name |  |
| Position |  |
| Organization |  |
| Relationship with candidate |  |
| Since when do you know the candidate? |  |

**Referee statement**

What are the candidate’s strengths?

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What are the candidate’s weaknesses or opportunity for improvements?

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Why do you believe the candidate should participate in the program?

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Date: \_\_\_\_\_\_\_\_ Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_